									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10807756						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTIT		OR		R THAN ENTITY	
TOTAL CLAIMS			19	19				RATE FEE		EE		RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC.F	EE 385	5.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			19 1	/4 minus 20=		•		XS 9=			OR	XS18=		
INDEPENDENT CLAIMS			/ i	ninus 3 =	· 			X43=		\neg	OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM F	PRESENT			1145					OR	+290=		
* 11	the difference	e in column 1 is	less than	ess than zero, enter "0" in col			į	TOTAL	-		OR	TOTAL	-3). c	
CLAIMS AS AMENDED - PART II									<u> </u>		O	OTHER	THAN	
		(Column 1)		(Colun		(Column 3)	3) SMALL			ry (DR	SMALL		
AMENDMENT A	BHOL	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	- 2	0	=		`X\$ 9=			OR	X\$18=		
	Independent	• /	Minus	()	2	=		X43=			OR	X86≈ ·	V	
	FIRST PRESE	ENTATION OF M	OLTIPLE DE	PENUENI	CLAIM			+145=			OR	+290=		
							L	TOTAL	- 8		ŗ	TOTAL DOIT. FEE		
		(Column 1)		(Colum	เก 2)	(Column 3)	^	DD11. 7 E			ĺ	DDII. FEE		
5		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADD TION FEE	AL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**				X\$ 9=		o	R	X\$18=		
	Independent • Minus FIRST PRESENTATION OF MULTIPLE DEPE			SENDENT (X43=		\neg	R	X86=		
		TOTAL OF WICE	JETTPLE DE	CNUENT	CAIM			+145=		0	R	+290=		
								TOTAL DIT. FEE		o	RA	TOTAL DDIT. FEE		
(Column 1) (Column 2) (Column 3)														
IMEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI TIONA FEE	\L	1	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		0		X\$18=		
	Independent	4	Minus	***			-	X43=		┨.	r	X86=		
1	FIRȘT PRESEI	NTATION OF MU	LTIPLE DEF	PENDENT C	CLAIM		\vdash			- ° '	_			
• #f	the entry in colum	nn 1 is less than the	e entry in colu	mn 2, write "C)" in coli	umn 3.	Ľ	145=			L	+290=		
	the "Highest Nurr the "Highest Nurr	nber Previously Painber Previously Paid ber Previously Paid	id For IN THIS id For IN THIS	S SPACE IS II S SPACE IS I	ess than ess than	20, enter "20."		DIT. FEE	propriate	OF. Dox in	AL	TOTAL DDIT. FEEL nn 1.		